

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2002

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning

07/01

, 2002, and ending 06/30/2003

B Check if applicable:  
☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

NATIONAL POLICE DEFENSE FOUNDATION, INC

Number and street (or P O box if mail is not delivered to street address)

Room/suite

21 KILMER DR, BLDG 2,

SUITE F

City or town, state or country, and ZIP + 4

MORGANVILLE, NJ 07751

O Employer identification number

13-3830191

E Telephone number

(732) 446-3360

F Accounting method: ☐ Cash ☒ Accrual  
Other (specify) \_\_\_\_\_

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes" enter number of affiliates \_\_\_\_\_

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☒ NoH(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4 digit GEN \_\_\_\_\_

M Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site N/A

J Organization type (check only one) ☒ 501(c)(3) (insert no) 4947(a)(1) or 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12

1,068,184

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)

1 Contributions, gifts, grants, and similar amounts received					
a Direct public support	1a	919,797			
b Indirect public support	1b				
c Government contributions (grants)	1c				
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	919,797			
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2				
3 Membership dues and assessments	3	103,481			
4 Interest on savings and temporary cash investments	4				
5 Dividends and interest from securities	5	3,052			
6 a Gross rents	6a				
b Less rental expenses	6b				
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	NONE			
7 Other investment income (describe _____)	7				
8 a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other			
b Less cost or other basis and sales expenses	8a				
c Gain or (loss) (attach schedule)	8b				
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c				
9 Special events and activities (attach schedule)	8d				
a Gross revenue (not including contributions reported on line 1a) of \$TMT 1	9a	41,854			
b Less direct expenses other than fundraising expenses	9b	23,199			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	18,655			
10 a Gross sales of inventory, less returns and allowances	10a				
b Less cost of goods sold	10b				
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
11 Other revenue (from Part VII, line 103)	11				
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,044,985			
13 Program services (from line 44, column (B))	13	178,409			
14 Management and general (from line 44, column (C))	14	27,843			
15 Fundraising (from line 44, column (D))	15	738,099			
16 Payments to affiliates (attach schedule)	16				
17 Total expenses (add lines 16 and 44, column (A))	17	944,351			
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	100,634			
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	248,389			
20 Other changes in net assets or fund balances (attach explanation)	20				
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	349,023			

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

SCANNED DEC 18 2003

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)

JSA 10  
2E1020 1 000

**Part IV Balance Sheets** (See page 24 of the instructions)

Note		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only		(A) Beginning of year		(B) End of year	
Assets	45	Cash - non-interest-bearing		232,821	45	310,286	
	46	Savings and temporary cash investments			46		
	47a	Accounts receivable	47a				
	b	Less allowance for doubtful accounts	47b		47c		
	48a	Pledges receivable	48a	108,456			
	b	Less allowance for doubtful accounts	48b		48c	108,456	
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50		
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b		51c		
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges			53		
	54	Investments - securities (attach schedule)			54		
	55a	Investments - land, buildings, and equipment basis	55a	31,240			
	b	Less accumulated depreciation (attach schedule)	55b	912	16,800	55c	30,328
56	Investments - other (attach schedule)				56		
57a	Land, buildings, and equipment basis	57a					
b	Less accumulated depreciation (attach schedule)	57b			57c		
58	Other assets (describe ► STMT 5 )			5,556	58	1,400	
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)			303,758	59	450,470	
Liabilities	60	Accounts payable and accrued expenses		12,927	60	7,637	
	61	Grants payable			61		
	62	Deferred revenue			62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)			64a		
	b	Mortgages and other notes payable (attach schedule)			64b		
	65	Other liabilities (describe ► STMT 6 )			42,442	65	93,810
66	<b>Total liabilities</b> (add lines 60 through 65)			55,369	66	101,447	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		248,389	67	349,023	
	68	Temporarily restricted			68		
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)			248,389	73	349,023
	74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)			303,758	74	450,470

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.


<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
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<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	<b>1,068,184</b>
<b>b</b>	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ _____		
(2)	Donated services and use of facilities \$ _____		
(3)	Recoveries of prior year grants \$ _____		
(4)	Other (specify) _____		
	<u>STMT 7</u> \$ <b>23,199</b>		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	<b>23,199</b>
<b>c</b>	Line a minus line b ▶	<b>c</b>	<b>1,044,985</b>
<b>d</b>	Amounts included on line 12, Form 990 but not on line a		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) _____		
	_____ \$ _____		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	<b>1,044,985</b>

a	Total expenses and losses per audited financial statements	a	967,550
b	Amounts included on line a but not on line 17, Form 990		
	(1) Donated services and use of facilities \$		
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 \$		
	(4) Other (specify)		
	STMT 8 \$ 23,199		
	Add amounts on lines (1) through (4)	b	23,199
c	Line a minus line b	c	944,351
d	Amounts included on line 17, Form 990 but not on line a		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify)		
	\$		
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	944,351

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions )

[illegible]

**75** Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?  ☐ Yes ☒ No  
If "Yes" attach schedule - see page 26 of the instructions

**Part VI Other Information** (See page 27 of the instructions)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a	NONE
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE		
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		NONE
d Enter Amount of tax on line 89c, above, reimbursed by the organization		NONE
90 a List the states with which a copy of this return is filed <input checked="" type="checkbox"/> NJ <input checked="" type="checkbox"/> NY <input checked="" type="checkbox"/> CT <input checked="" type="checkbox"/> AZ <input checked="" type="checkbox"/> IL <input checked="" type="checkbox"/> GA		
b Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b	1
91 The books are in care of <input checked="" type="checkbox"/> EXECUTIVE DIRECTOR Telephone no <input checked="" type="checkbox"/> 732-446-3360		
Located at <input checked="" type="checkbox"/> 41 TERENCE DRIVE, MANALAPAN, NJ ZIP + 4 <input checked="" type="checkbox"/> 07726		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input checked="" type="checkbox"/> 92		N/A

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					103,481
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	3,052	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	NONE	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	18,655	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				21,707	103,481
105 Total (add line 104, columns (B), (D), and (E))					125,188

Note Line 105 plus line 1d, Part I should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	DUES REPRESENT MEMBER CONTRIBUTIONS TOWARDS THE OPERATING COSTS OF THE FOUNDATION

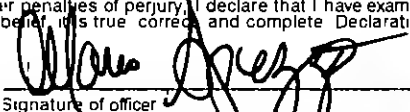
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
	<div style="display: flex; justify-content: space-between;"> <div>             Signature of officer         </div> <div>           Date 11/24/03            T REASURER         </div> </div>
	<div style="display: flex; justify-content: space-between;"> <div>Date 11-24-03</div> <div>Check if self- <input type="checkbox"/></div> <div>Preparer's SSN or PTIN (See Gen. Inst. W)</div> </div>

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service  
Name of the organization

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545 0047

**2002**

Employer identification number

**NATIONAL POLICE DEFENSE FOUNDATION, INC**

**13-3830191**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANGELA OCCHIPINTI 41 TERENCE DRIVE MANALAPAN, NJ 07726	ADMINISTRATIVE ASSISTANT 40 HRS/WK	41,000	6,149	NONE
Total number of other employees paid over \$50,000		► NONE		

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NEW LIBERTY P 522 BRICK BLVD, BRICK, NJ	FUND RAISING	607,576
NEW AGE PROMOTIONS 6914 NEW UTRECHT AVE, BROOKLYN, NY	FUND RAISING	102,242
Total number of others receiving over \$50,000 for professional services		► NONE

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2002

JSA  
2E1210 1 000

**Part III Statements About Activities** (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

STMT 11

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☒ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting****Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	957,808	271,211	619,657	295,653	2,144,329
<b>16</b> Membership fees received	107,398	67,572	68,080	35,723	278,773
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	4,413	3,066	21,373	2,360	31,212
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	3,887	5,283	4,227	1,684	15,081
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 12 294	8,317		708	9,319
<b>23</b> Total of lines 15 through 22	1,073,800	355,449	713,337	336,128	2,478,714
<b>24</b> Line 23 minus line 17	1,069,387	352,383	691,964	333,768	2,447,502
<b>25</b> Enter 1% of line 23	10,738	3,554	7,133	3,361	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24 <b>NOT APPLICABLE</b>				26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c
d Add Amounts from column (e) for lines 18 19					26d
22 26b					26e
e Public support (line 26c minus line 26d total)					26f
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					%
<b>27</b> Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a disqualified person, prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.				
(2001)	(2000)	(1999)	(1998)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					
(2001)	(2000)	(1999)	14,240	(1998)	
c Add Amounts from column (e) for lines 15 17	2,144,329 31,212	278,773	21	27c	2,454,314
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h
<b>28</b> Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V****Private School Questionnaire** (See page 7 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. (If you need more space, attach a separate statement.)	<b>31</b>	
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following:		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
-----		
-----		
-----		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended?	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement		
-----		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

- Check ☐ a ☐ if the organization belongs to an affiliated group
- Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred)															
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
<table border="0"> <tr> <td><b>If the amount on line 40 is -</b></td> <td><b>The lobbying nontaxable amount is -</b></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>		<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
42	Grassroots nontaxable amount (enter 25% of line 41)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

**Caution.** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
See the instructions for lines 45 through 50 on page 11 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities****NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

Yes	No	Amount
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

**Part VII** Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions )

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

(i) Cash

(II) Other assets

**b Other transactions**

(i) Sales or exchanges of assets with a noncharitable exempt organization.

(II) Purchases of assets from a noncharitable exempt organization

**(III) Rental of facilities, equipment, or other assets**

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

(vi) Performance of services or membership or fundraising solicitations

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

**b If "Yes," complete the following schedule**

[illegible]

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS- AWARDS BANQUET	41,854.	23,199.	18,655.
TOTALS	41,854.	23,199.	18,655.

## FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
INDEPENDENT CONTRACTORS				
BANK CHARGES	9,804.	9,804.		
LICENSES AND REGISTRATIONS	2,928.	1,693.	249.	986.
OFFICE	679.	679.		
DUES	15,250.	13,763.	1,487.	
GOOD AND WELFARE	875.	875.		
INTERNET EXPENSES	580.	473.	107.	
INSURANCE	860.	860.		
COMPUTER REPAIRS AND TRAINING	813.	813.		
DONATIONS	414.	278.	136.	
INVESTIGATIONS	13,389.	13,389.		825.
POLICE MEMORIAL	825.			
LOSS ON SALE OF AUTOMOBILE	30,279.	30,279.		
	4,556.		4,556.	
TOTALS	81,252.	72,906.	6,535.	1,811.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

PROVIDES LEGAL SERVICES TO POLICE OFFICERS, REWARDS FOR INFORMATION  
ON PERSONS SHOOTING A LAW ENFORCEMENT OFFICER AND PROGRAM FOR MISSING  
AND KIDNAPPED CHILDREN.

FORM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

EXPENSES

SAFE COP PROGRAM    REWARDS FOR PUBLIC INFORMATION LEADING TO  
THE ARREST & CONVICTION OF ANYONE WHO SHOOTS A LAW ENFORCE-  
MENT OFFICER

73,148

OPERATION KIDS    FREE DISPOSABLE FINGERPRINT PROGRAM WHICH  
HELPS IDENTIFY MISSING & KIDNAPPED CHILDREN    POSTING  
PERIODIC REWARDS FOR MISSING CHILDREN, AND ARRANGING FOR  
LIFE SAVING HEART OPERATIONS FOR CRITICALLY ILL CHILDREN

62,443

LEGAL DEFENSE    PROVIDES FREE LEGAL REFERRAL PROGRAMS TO LAW  
ENFORCEMENT OFFICERS

42,818

TOTAL

178,409



## FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
SECURITY DEPOSITS	1,400.
DONATED VEHICLE	NONE
	-----
TOTALS	1,400.
	=====

FORM 990, PART IV - OTHER LIABILITIES  
=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PAYROLL TAXES PAYABLE	1,623.
FUND RAISING COMMISS PAYABLE	92,187.
	-----
TOTALS	93,810.
	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

-----

AMOUNT

-----

SPECIAL EVENTS COSTS

23,199.

-----

TOTAL

23,199.

=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN  
=====DESCRIPTION  
-----AMOUNT  
-----

SPECIAL EVENTS COSTS

23,199.

TOTAL

-----  
23,199.  
=====

NATIONAL POLICE DEFENSE FOUNDATION, INC.

13-3830191

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
JOSEPH OCCHIPINTI 41 TERENCE DRIVE MANALAPAN, NJ 07726	EXECUTIVE DIRECTOR 30 HRS/WK	NONE	NONE	NONE
JOHN HOLDER 87-33 90TH ST WOODHAVEN, NY 11372	PRESIDENT 20 HRS/WK	NONE	NONE	NONE
JOHN HICKEY 16 MERRIENWOLD LANE SOUTH MONROE, NY 10950	VICE PRESIDENT 1 HR/WK	NONE	NONE	NONE
MARIO APUZZO, ESQ. 185 GATZMERE AVENUE JAMESBURG, NJ 08831	TREASURER 10 HRS/WK	NONE	NONE	NONE
STANLEY MILSTEIN 35 GEYSER DRIVE STATEN ISLAND, NY 10312	SECRETARY 1 HR/WK	NONE	NONE	NONE
DARREL OBER 71 MILLERS GAP ROAD ENOLA, PA 17025	ADMINISTRATOR 10 HRS/WK	NONE	NONE	NONE
JACK RUSSO 389 SHIRLEY AVENUE STATEN ISLAND, NY 10312	ADMINISTRATOR 1 HR/WK	NONE	NONE	NONE
ROBERT CARON 1718 EYRE PLACE NORTH BELLMORE, NY 11710	ADMINISTRATOR 1 HR/WK	NONE	NONE	NONE

## NATIONAL POLICE DEFENSE FOUNDATION, INC.

## FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EUGENE SETH BRITT, MD 361 WEST 23RD STREET NEW YORK, NY 10011	DIRECTOR 10 HRS/WK	NONE	NONE	NONE
ALAN M. WOLIN, ESQ 420 JERICHO TURNPIKE JERICHO, NY 11753	CHIEF LEGAL COUNSEL 10 HRS/WK	NONE	NONE	NONE
GRAND TOTALS		NONE	NONE	NONE

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
=====

WIFE OF EXECUTIVE DIRECTOR WAS PAID \$41,000 FOR BOOKKEEPING SERVICES.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2001	2000	1999	1998	TOTAL
MISCELLANEOUS INCOME					
SPECIAL EVENTS & ACTIVITIES	294.	8,317.		708.	708.
TOTALS	294.	8,317.		708.	8,611.
					9,319.



For the Period July 1, 2002 to June 30, 2003

Asset ID	ASSET BALANCES			DEPRECIATION							Net Book Value
	Beginning	Additions	Deletions	Ending	Beg Balance	Depr Exp & AFYD	Sec 179/179A	Oth Additions	Deletions	End Balance	
Asset Type Automobile											
000010	21,000.00	0.00	21,000.00	0.00	4,200.00	2,800.00	0.00	0.00	7,000.00	0.00	0.00
000020	0.00	7,740.00	0.00	7,740.00	0.00	129.00	0.00	0.00	0.00	129.00	7,611.00
000030	0.00	23,500.00	0.00	23,500.00	0.00	783.33	0.00	0.00	0.00	783.33	22,716.67
Subtotal Automobile	21,000.00	31,240.00	21,000.00	31,240.00	4,200.00	3,712.33	0.00	0.00	7,000.00	912.33	30,327.67
(3)											
Grand Total	21,000.00	31,240.00	21,000.00	31,240.00	4,200.00	3,712.33	0.00	0.00	7,000.00	912.33	30,327.67

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) ☐

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

**Type or  
print**

Name of Exempt Organization

Employer identification number

NATIONAL POLICE DEFENSE FOUNDATION, INC

13-3830191

Number, street, and room or suite no. If a P.O. box, see instructions

21 KILMER DR., BLDG 2,

City, town or post office, state, and ZIP code. For a foreign address, see instructions

MORGANVILLE, NJ 07751

**Check type of return to be filed (file a separate application for each return)**

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/16, 2004, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ ☐ calendar year \_\_\_\_\_ or▶ ☒ tax year beginning 07/01, 2002, and ending 06/30, 2003

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

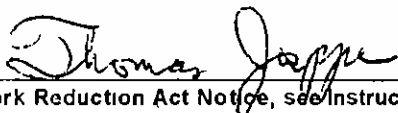
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_

**Signature and Verification**

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶



Title ▶

CPA

Date ▶

11/6/2003

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)